

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda H. McArthur
Secretary of State
Tallahassee, FL 32399-0400

APPROVED
FILED

6-1-1994

601 N. GULF BLVD.
TALLAHASSEE, FLORIDA

DOCUMENT # **H61439**

(6)

DIXIE BLASTING COMPANY, INC.

Principal Office Location

310 JULIA ST
NEW SMYRNA BEACH FL 32170

Mailing Address

P. O. DRAWER 460
NEW SMYRNA BEACH FL 32170
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated in Florida 06/06/1985	3a. Date of Last Report 09/01/1994
4. FID Number 59-2555361	Appoint For Term Expires
5. Certificate of Status Issued ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has notice of incorporation for under 100 days Florida Statutes ☐ Yes ☒ No	

2. Principal Office Location	2a. Mailing Address
21. City, State	26. City, State
22. City, State	27. City, State
23. City, State	28. City, State
24. 32168	29. 32168
25. 32168	30. 32168

9. Name and Address of Current Registered Agent

POWELL, C.R.
310 JULIA ST.
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number, Not Acceptable)	
83. City	
84. State	FL

11. I, the undersigned, being a resident of this State, do hereby certify that the information furnished herein is true and correct, and that I am a resident of this State. I am a resident of this State because I have been domiciled in this State for more than 60 days immediately preceding the filing of this report. I am a resident of this State because I have been domiciled in this State for more than 60 days immediately preceding the filing of this report. I am a resident of this State because I have been domiciled in this State for more than 60 days immediately preceding the filing of this report.

SIGNATURE

12. OFFICER AND DIRECTOR	13. ADULTERATING CHANGES TO LISTED OFFICERS
NAME POWELL, C. R.	☐ Change ☐ Addition
STREET ADDRESS 310 JULIA ST.	
CITY NEW SMYRNA BCH FL	☐ Change ☐ Addition
STATE FL	
ZIP CODE 32168	☐ Change ☐ Addition
NAME POWELL, C. R.	☐ Change ☐ Addition
STREET ADDRESS 310 JULIA ST.	
CITY NEW SMYRNA BCH FL	☐ Change ☐ Addition
STATE FL	
ZIP CODE 32168	☐ Change ☐ Addition
NAME POWELL, C. R.	☐ Change ☐ Addition
STREET ADDRESS 310 JULIA ST.	
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NAME POWELL, C. R.	☐ Change ☐ Addition
STREET ADDRESS 310 JULIA ST.	
CITY NEW SMYRNA BCH FL	☐ Change ☐ Addition
STATE FL	
ZIP CODE 32168	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am a resident of this State. I am a resident of this State because I have been domiciled in this State for more than 60 days immediately preceding the filing of this report. I am a resident of this State because I have been domiciled in this State for more than 60 days immediately preceding the filing of this report. I am a resident of this State because I have been domiciled in this State for more than 60 days immediately preceding the filing of this report.

SIGNATURE: *C. R. Powell* 4-27-95 BP 423 1202
SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR